

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/05/2012
NAME OF PROVIDER OR SUPPLIER BROOKDALE PLACE AT FALL CREEK LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5011 KESSLER BLVD E INDIANAPOLIS, IN 46220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00104742.</p> <p>Complaint IN00104742 - Unsubstantiated due to lack of evidence.</p> <p>Date of Survey: April 5, 2012</p> <p>Facility number: 010064 Provider number: 010064 AIM number: NA</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census bed type: Residential: 53 Total: 53</p> <p>Census payor type: Other: 53 Total: 53</p> <p>Sample: 4</p> <p>Brookdale Place at Fall Creek LLC was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00104742.</p> <p>Quality review 4/09/12 by Suzanne Williams, RN</p>	R 000			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE